


MD AL MODIFIED AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Middle District of Alabama 

NORRIS W. GREEN

Plaintiff

v.

STATE BOARD OF MEDICAL EXAMINERS, ET AL

Defendant

Civil Action No. 2:18-cv-719

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

PATRICIA SHANER
8505 OLDE GATE
MONTGOMERY, ALABAMA 36116-6655

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ.P. 12 (a)(2) or (3) — or 90 days in a Social Security action — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

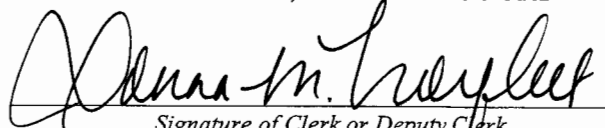
B. KINCEY GREEN JR.
REEVES & STEWART PC
PO BOX 447
SELMA, AL 36702-0447

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

August 15, 2018

DEBRA P. HACKETT, CLERK OF COURT


Signature of Clerk or Deputy Clerk

RECEIVED
2018 SEP 24 P 1:41
DEBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA

Civil Action No. 2:18-CV-719**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

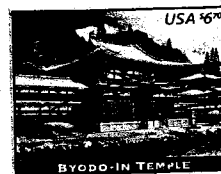
Printed name and title

Server's address

Additional information regarding attempted service, etc:

CERTIFIED MAIL

7016 1970 0000 9008 8510



US GFWA, MAY

180092

300 DOUGLAS A. BARNETT

10.9.201

CONFIDENTIAL

[illegible]

900.00%

37 303
02 17 22976

NIXIE

326 DE 1

8809/19/18

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BT: 56164401801 2247N262172-01866

DECLASSIFIED

54:01 V h2 J3S 0102
2010 SEP 24 10:45

DELRAP HACKETT CLK
U.S. DISTRICT COURT
MOBILE DISTRICT ALA

PATRICIA SHANER
8505 OLDE GATE ROAD
MONTGOMERY, AL 36116-6655

6655
||||

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATRICIA SHANER
8505 OLDE GATE ROAD
MONTGOMERY, AL 36116-6655



9590 9402 3922 8060 1295 96

2. Article Number (Transfer from service label)

7016 1970 0000 9008 8510

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2:18pm 19 ds

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☒ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt